

<b>Case Number:</b>	CM15-0023525		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 25 year old male who sustained an industrial injury on July 5, 2013. He has reported lower back pain and has been diagnosed with lumbar spine strain, lumbar radiculopathy, and extruded protrusion L4-5. Treatment to date has included medical imaging, medications and epidural injections. Currently the injured worker complains of lower back pain that radiates to the lower extremity. The treatment plan included lumbar epidural injections, surgery, and electrodiagnostic study. On February 2, 2015 Utilization Review non certified electrodiagnostic studies bilateral lower extremities and MRI lumbar spine citing the ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electrodiagnostic Studies Bilateral Lower Extremities (with Treating Physician): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** No, the proposed electrodiagnostic studies of bilateral lower extremities is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants with a clinically obvious radiculopathy. Here, the applicant already carries a diagnosis of clinically-evident, radiographically-confirmed lumbar radiculopathy. Earlier lumbar MRI imaging of 2014 did demonstrate evidence of a large disk herniation which, per the treating providers, did account for the applicant's ongoing lower extremity radicular complaints. Electrodiagnostic testing, by definition, is superfluous in the clinical context present here. Therefore, the request is not medically necessary.

**MRI Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Conversely, the proposed lumbar MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the treating provider has indicated that the applicant is intent on pursuing a surgical remedy for ongoing low back and radicular pain complaints. The applicant was/is off of work. The applicant has failed two epidural steroid injections. Earlier MRI imaging is reportedly too dated for preoperative planning purposes. Obtaining MRI imaging for preoperative planning purposes, thus, is indicated here. Therefore, the request is medically necessary.